

(Form 222/16RCF Revised 12/2016

Account Number _

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT 2016 RECONCILIATION OF LICENSE FEE WITHHELD

During year ended December 31, 2016

To be filed by February 28, 2017

Federal	ID or SSN(To be entered by ta	a×payer)	Enter under TOTAL	NCILE YOUR PAYROL PAYROLL the quarterly s) of all compensation	(quarterly filers)	or monthly
	E OF ANY CHANGE IN OWNER DDRESS SHOWN BELOW	RSHIP	any payments for s balances in SUBJECT	ervices performed outsi FPAYROLL column. SU e. vacation and holiday	ide Fayette Count IBJECT PAYROLL	y and enter includes
			No., name, address deduction of any pr license fee withheld requirements are in-	de for each subject en and zip code, total com e-taxed items) and amo d. Attach additional sh adequate. Employers m type listings which pro	npensation paid (b ount of Fayette (eets of this size lay opt to submit	efore the County if space copies of
1 January	TOTAL PAYROLL 1.	<u>S</u> 1.	UBJECT PAYROLL	X 2.25% = 1.	LICENSE F	EE DUE
 January February 	2.	2.		\times 2.25% = 1. \times 2.25% = 2.		
3. March or 1st Qtr.	3.	3.		$\times 2.25\% = 2.$ $\times 2.25\% = 3.$		
4. April	4.	4.		\times 2.25% = 3. \times 2.25% = 4.		
4. Артп 5. Мау	5.	5.		\times 2.25% = 4. \times 2.25% = 5.		
6. June or 2nd Qtr.	6.	6.		\times 2.25% = 6.		
7. July	7.	7.		\times 2.25% = 0. \times 2.25% = 7.		
8. August	8.	8.		$\times 2.25\% = 7.$ $\times 2.25\% = 8.$		
9. September or 3rd Qtr.	9.	9.		$\times 2.25\% = 9.$		
10. October	10.	10.		X 2.25% = 10.		
11. November	1 1.	11.		\times 2.25% = 11.		
12. December or 4th Qtr.	12.	12.		X 2.25% = 12.		
13. Total Year	13. \$	13. \$		X 2.25% = 13.		
14. Actual License Fee with	held per W-2s			14.	\$	
15. Enter the larger of line	13 or line 14.			15.	\$	
16. Actual License Fee remi	tted for the year on Form 220)/221		16.	\$	
17. Difference between line	s 15 and 16 (if any, check ap	plicable box	below)	17.	\$	
Difference indicates	ibutable to fractional variations insufficient total remittance for overpayment not attributable to ttached.	year. Check	c in payment attache		Make Check L.F.U.C.G. Mail to: Division of F Lex-Fay Urba P.O. Box 140 Lexington KY	levenue in Co Govt 158
18. For each of the follow	ing benefits:		our employees cipate in?	Was the li withheld?	icense fee	
a) Deferred compens	ati on	Yes	No	Yes	No	
·						
·						
•	surance over \$50,000					
d) Other?						
e) Other?						
f) Other?						
Number of employees	s:			- 		
		Signatur	e	Title		Date

USE REVERSE SIDE FOR EMPLOYEE LISTING

NAME, ADDRESS, & SOCIAL SECURITY NO. OF EMPLOYEE	Total Earnings For The Year	License Fee Withhel